

FORM B1 United States Bankruptcy Court Middle District of Tennessee		Voluntary Petition																
Name of Debtor (if individual, enter Last, First, Middle): American HomePatient, Inc., a Delaware Corporation		Name of Joint Debtor (Spouse) (Last, First, Middle): 302-08915																
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																
Soc. Sec./Tax I.D. No. (if more than one, state all): 62-1474680		Soc. Sec./Tax I.D. No. (if more than one, state all):																
Street Address of Debtor (No. & Street, City, State & Zip Code): 5200 Maryland Way, Suite 400 Brentwood, TN 37027-5018		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																
County of Residence or of the Principal Place of Business: Williamson		County of Residence or of the Principal Place of Business:																
Mailing Address of Debtor (if different from street address): 5200 Maryland Way, Suite 400 Brentwood, TN 37027-5018		Mailing Address of Joint Debtor (if different from street address): FEES (<input checked="" type="checkbox"/> Pd in full (<input type="checkbox"/> Oath (<input type="checkbox"/> BOC																
Location of Principal Assets of Business Debtor (if different from street address above):		Part Pay FF \$ _____ AF \$ _____ TS \$ _____																
Information Regarding the Debtor (Check the Applicable Boxes)																		
<p>Venue (Check any applicable box)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input checked="" type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p>																		
<p>Type of Debtor (Check all boxes that apply)</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____</p>		<p>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)</p> <p><input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding</p>																
<p>Nature of Debts (Check one box)</p> <p><input type="checkbox"/> Consumer/Non-Business <input checked="" type="checkbox"/> Business</p>		<p>Filing Fee (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.</p>																
<p>Chapter 11 Small Business (Check all boxes that apply)</p> <p><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)</p>		<p style="text-align: right;">U.S. MIDDLE DISTRICT OF TENNESSEE JUL 31 PM 2:33 FILED CLERK'S OFFICE U.S. DISTRICT COURT MIDDLE DISTRICT OF TENNESSEE THIS PAGE IS FOR COURT USE ONLY</p>																
<p>Statistical/Administrative Information (Estimates only)</p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>																		
Estimated Number of Creditors		1-15 16-49 50-99 100-199 200-999 1000-over <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>																
<p>Estimated Assets</p> <table> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
<p>Estimated Debts</p> <table> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>											

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM BI, Page 2**American HomePatient, Inc., a Delaware Corporation****Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)**

Location

Where Filed: - None -

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

See attached.

Case Number:

Date Filed:

Unknown

7/31/02

District:

Middle District of Tennessee

Relationship:

Affiliate

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

I am an individual whose debts are primarily consumer debts. I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, under available relief under each such chapter, and I choose to proceed under

relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Debtor

Signature of Joint Debtor

Phone Number (If not represented by attorney)

Signature of Attorney

Signature of Attorney for Debtor(s)

John B. Rose

Name of Attorney for Debtor(s)

Well Howard HyHe Gabbert & Manner, P.C.

Name

Deaderick Street, Suite 1800

Nashville, TN 37238-1800

Address

256-0500 Fax: 615-251-1058

Phone Number

31, 2002

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

I request relief in accordance with the chapter of title 11, United States Code specified in this petition.

Signature of Authorized Individual

John B. Furlong

Name of Authorized Individual

President and Chief Executive Officer

Name of Authorized Individual

31, 2002

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934, and is requesting relief under chapter 11)

Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney for Debtor(s)

Date: :: :: :

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X

Signature of Bankruptcy Petition Preparer

Date:

A bankruptcy petition preparer's failure to comply with the provisions of title 11, and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Case No. _____

In re **American HomePatient, Inc., a Delaware Corporation**

Debtor

ITION
F AFFILIATES

**FORM 1. VOLUNTARY PET
PENDING BANKRUPTCY CASES O**

Designated Companies, Inc.
AHP Finance, Inc.
American HomePatient, Inc., a Tennessee Corporation
American HomePatient of New York, Inc.
National Medical Systems, Inc.
Sound Medical Equipment, Inc.
The National Medical Rentals, Inc.
National I.V., Inc.
American HomePatient of Arkansas, Inc.
American HomePatient of Nevada, Inc.
Volunteer Medical Oxygen & Hospital Equipment Co.
Allegheny Respiratory Associates, Inc.
American HomePatient of Illinois, Inc.
American HomePatient of Texas, L.P., a Texas limited partnership

United States Bankruptcy Court
Middle District of Tennessee

In re **American HomePatient, Inc., a Delaware Corporation**

Case No. _____

Debtor

Chapter 11

Exhibit "A" to Voluntary Petition

1. If any of debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is 0-19532.
2. The following financial data is the latest available information and refers to debtor's condition on June 30, 2002.

a. Total assets	\$ <u>269,240,077.00</u>	Approximate number of holders
b. Total debts (including debts listed in 2.c., below)	\$ <u>322,129,850.00</u>	
c. Debt securities held by more than 500 holders.		
secured /X/ unsecured / / subordinated / / \$ <u>0.00</u>		<u>0</u>
secured / / unsecured / / subordinated / / \$ <u>0.00</u>		<u>0</u>
secured / / unsecured / / subordinated / / \$ <u>0.00</u>		<u>0</u>
secured / / unsecured / / subordinated / / \$ <u>0.00</u>		<u>0</u>
secured / / unsecured / / subordinated / / \$ <u>0.00</u>		<u>0</u>
d. Number of shares of preferred stock	<u>0</u>	<u>0</u>
e. Number of shares of common stock	<u>16,367,000</u>	<u>1,762</u>

Comments, if any:

Shares-outstanding number is as of July 18, 2002.

3. Brief description of debtor's business:

The company provides home health care services and products consisting primarily of respiratory and infusion therapies and the rental and sale of home medical equipment and home care supplies.

4. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Putnam Investments, LLC beneficially owns 7.0 % of the company's voting securities.